

Name
in
Full

Wm Heatman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Point Lookout St Marys* Town County

MARYLAND

Date of death 1909 *June* Month *1* Day *78* Years *Months* *Days*

Sex *male* Color or Race *White* Birth-place *Virginia*

Occupation *Light house keeper* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Marigah Thumson*

Father's Name *Don't know* Father's Birthplace *Don't know*

Mother's Maiden Name *" "* Mother's Birthplace *" "*

Name of person giving information *Percy Heatman* How related to deceased *Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Senile Debility* How long *2 year*

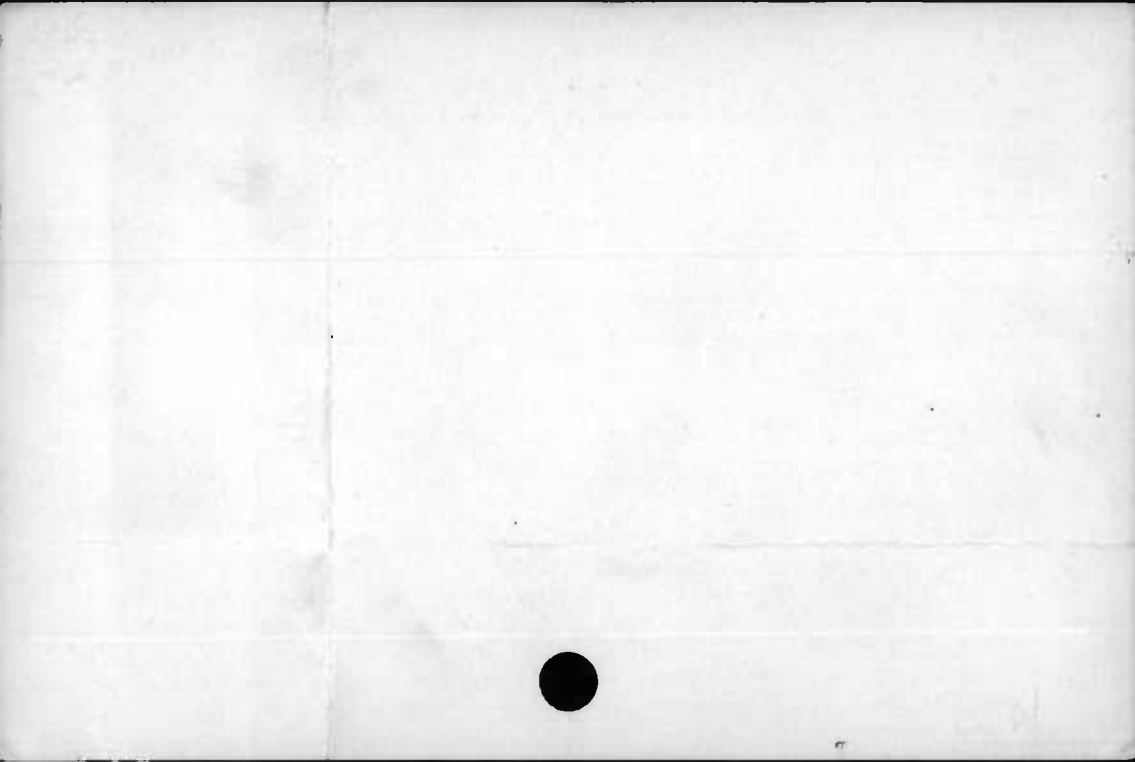
Immediate *Exhaustion* How long *one week*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W L Lloyd*

Address *Ridge Md.*

Accident or Suicide?



Name
in
Full

Mrs Kate Ponton

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at CockevilleSt Mary's

Date

Month

Day

Years

Months

Days

of death 1908 June30

Age

71

Sex

FemaleColor or
RaceIrishBirth-
placeInd

Occupation

House wifeWhere Residing if not
at place of deathMarried, ~~Single~~
or ~~Widow~~Name of ~~Wife or~~
HusbandPhos. F. PontonFather's
NameJohn LeachFather's
BirthplaceIndMother's
Maiden NameEliza C. LeachMother's
BirthplaceIndName of person giving
InformationPhos. PontonHow related
to deceasedSon

CAUSES OF DEATH

14

Primary

Bilious by sun strike

How long

2 minutes

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician

Address

J. O. King
Cockeville
Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

